

Request For Quotation/ Invitation To Bid Issued by State of Indiana

OPEN

Vendor 9999999999
Remit to: PUBLIC NOTICE TO VENDORS
STATE OF INDIANA
DEPARTMENT OF ADMINISTRATION IN

Name&Address of Vendor: 9999999999
PUBLIC NOTICE TO VENDORS
STATE OF INDIANA
DEPARTMENT OF ADMINISTRATION IN

RFQ/ITB 400-12907	Date 09/01/2010	Delivery Date 09/29/2010	Page 1 of 2
Fund/Object/Center:			
Dept Number:			
Project Number:			
Requisition No:			
Buyer:		M225528	
Reporting Code:			
Federal ID:			
Agency Number:		00400	
Facility:		St Dept of Health, N Meridian	

Ship To: State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204

Please Follow Instructions Included in Solicitation Package
Must be returned by(time and date): **09/24/2010 15:00:00**
Request Information from Buyer listed in Box in Upper Right Corner

****NOTICE:** All prices are assumed valid for ninety (90) days from Quotation opening date unless otherwise noted.

Line	Quantity	UOM	Item No/Description	(FOB Destination)	Unit Price	Extended Amt
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As required by IC 4-13-2-14.8:

Notwithstanding any other law, rule, or custom, a person or company whom has a contract with the State or submits invoices to the state for payment shall authorize in writing the direct deposit by electronic funds transfer of all payments by the state to the person or company. The written authorization must designate a financial institution and an account number to which all payments are to be credit.

ATTENTION - New requirements. Prior to award of this solicitation your business must register as a bidder at www.buyindiana.in.gov. Just click on "Register your Business to do business with the State" Please be sure to complete the Buy Indiana certification page. It is preferred that businesses register immediately so that delay of solicitation award would not occur. This registration is maintained by you and you may update your information at any time. It remains in the database and covers all solicitation responses you submit to any state agency. It is very important that it be kept current. If you do not have access to a computer, you may call 317-234-0234 for assistance with your registration.

All companies desiring to do business with state agencies must complete an "Indiana Economic Impact" form. The form asks for, among other information:

- The amount of the contract that is being allocated for payroll and benefits to Indiana residents
- The amount that is being awarded to Indiana subcontractors and suppliers
- The amount that is being subcontracted to Indiana certified minority and women owned businesses

The collection and recognition of the information collected with the Indiana Economic Impact form places a strong emphasis on the economic impact a project will have on Indiana and its residents regardless of where a business is located. The collection of this information does not restrict any company or firm from doing business with the state.

If any one or more of the listed criteria on which the responses to this quote or bid will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations or policies, the specific criterion or criteria will be disregarded and the responses will be evaluated without taking into account such criterion or criteria.

NOTICE TO INDIANA SMALL BUSINESS BIDDERS

The vendor assures that if they are receiving this award based on the Indiana Small Business Preference that the vendor will be performing a minimum of 80% of the work involved with their own forces. This contract is not assignable either in whole or in part, nor shall it be subcontracted after award without the State's prior written consent.

By signing the certification page of the solicitation package you are certifying adherence to all bid requirements as well as the above notice.

If the M/WBE participation level will exceed or fail to meet the goals outlined in the contractor's proposal, you must notify the M/WBE office immediately at MWDBE@idoa.in.gov. In the event that the contractor fails to report changes in participation attainment, demonstrate a good faith effort to reach the participation goals, pay the MBE and WBE in a timely manner or satisfactorily resolve any outstanding claims, the department may elect to withhold a disputed amount from the payments due to the contractor, suspend or terminate the contract, recommend suspension of the contractor's certification status with the public works division, and/or suspend, revoke, or deny the MBE or WBE certification and eligibility to participate in the MBE or WBE program per (25 IAC 5-7-8).

A FULLY COMPLETED, SIGNED BID PACKAGE IS REQUIRED. THE STATE REQUESTS THAT ALL QUESTIONS REGARDING THE SOLICITATION BE SUBMITTED BY EMAIL NO LATER THAN SEPTEMBER 17, 2010 AT 5:00PM.

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NOTE: SEE ATTACHED FUNCTIONAL REQUIREMENTS AND INSTRUCTIONS PROVIDED FOR EACH SET OF REQUIREMENTS DOCUMENTED.

Respondents must complete attached Excel files and submit these files to the State with the reponse. The
respondents must send one (1) electronic copy on CD and one (1) hard copy.

1	1.00	EA	System Application to include:
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<< a. SYSTEM COMPONENTS AND COSTS:

Application Software solution to include
functionality for Registrations, Inspections,
Complaints, Samples, Standardization,
Plan Reviews, Scheduling,
and other Food Protection functions
(see attached requirements)

b. REQUIRED WEB COMPONENTS AND COSTS:

Web Registrations page, Web Complaints page,
Web Plan Review and Questionnaire page,
Web Operator Response to Inspections
page (see attached requirements and sample forms)

c. ADDITIONAL SYSTEM COMPONENTS AND COSTS:

Flexible Reporting Tool

Please provide the following in attached Excel file:

- Software license(s):
Cost for Enterprise License or other
- System Installation:
Cost to install the system, upgrades, updates
- System Maintenance:
Cost of System Maintenance and support for 3 years
- Training of key staff:
Cost to train users based on roles
(see attached requirements)
- Other Relevant Costs:
Modifications, Customizations, etc.

The following UN/CEFACT Unit of Measure
Common Codes are used in this document:
EA Each

To be valid, all Quotations/Bids must be Signed manually. The State of Indiana reserves the right to accept or reject whole or any part of, the foregoing Quotation/Bid.	Representative Signature certifies no quotation/bid on this request has been submitted by officers, representatives or an affiliate of this firm under another name.		When can you ship?
	Please correct above Address	Typed Name of Representative	Telephone Number ()
		Title of Representative	Date of Quotation